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APPLICATION NUMBER FILING/RECEIPT DATE FIRST NAMED APPLICANT ATTORNEY DOCKET NO/TITLE

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MICHAEL A KEAR SIERRA PATENT GROUP LID P 0 80% 6149 SIATELINE NV 89449

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DATE MAILED:

02/16/00

## NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1:136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

| If all required items on this form are filed within the period set above, the total amount owed by applicant as a<br>☐ small entity (statement filed) Ønon-small entity is \$ > ☐ ☐ . |  |
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| 1. The Application  | that utory basic filing fee is: issing. issufficient. cant must submit \$  |
| \$_   | for total claims over 20.  |
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| An the  | oath or declaration: missing or unsigned. oes not cover the newly submitted items. ath or declaration in compliance with 37 CFR. f. 63, including residence information and identifying the application by bove Application Number and Filing Date is required. signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, or 1.47. |
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| Ap  | pplication was filed in a language other than English.<br>icant must file a verified English translation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless<br>ously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).   |
| ☐ 9. OTI  | R:   |
| Direct the  | eply and any questions about this notice to "Attention: Box Missing Parts."  |

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